Core Concepts of Jean Watson's Theory of Human Caring/Caring Science

The Core Priniciples/Practices: Evolving From Carative to Caritas (Watson, 2008, p. 34)
- Practice of loving-kindness and equanimity
- Authentic presence: enabling deep belief of other (patient, colleague, family, etc.)
- Cultivation of one's own spiritual practice toward wholeness of mind/body/spirit—beyond ego
- "Being" the caring-healing environment
- Allowing miracles (openness to the unexpected and inexplicable life events)

Core Concepts of the Theory:
- **A relational caring for self and others** based on a moral/ethical/philosophical foundation of love and values

- **Transpersonal caring relationship** (going beyond ego to higher "spiritual" caring created by "Caring Moments")
    - ❖ Moral commitment to protect and enhance human dignity
    - ❖ Respect/"love" for the person—honoring his/her needs, wishes, routines, and rituals
    - ❖ Caring Consciousness of self as person/nurse and other as person—connection as human beings
    - ❖ Heart-centered/healing caring based on practicing and honoring wholeness of mind-body-spirit in self and each other
    - ❖ Inner harmony (equanimity)—maintaining balance
    - ❖ Intention of "doing" for another and "being" with another who is in need (**What** (skills) you do and **how** (caring conscious intention) you do it.)
    - ❖ "Authentic Presence" (honoring/connecting human to human)

- **Caring Occasion/Caring Moment:** Heart-centered Encounters with another person
    When two people, each with their own "phenomenal field"/background come together in a human-to-human transaction that is meaningful, authentic, intentional, honoring the person, and sharing human experience that expands each person's worldview and spirit leading to new discovery of self and other and new life possibilities.

- **Multiple ways of knowing** (through science, art, aesthetic, ethical, intuitive, personal, cultural, spiritual)

- **Reflective/meditative approach** (increasing consciousness and presence to the humanism of self and other) (see Cara, C. (2003). *A Pragmatic View of Jean Watson's Caring Theory*, www.humancaring.org (under "continuing education)
    - ❖ Understanding self through reflection/meditation (journaling, the arts, meditation, etc.)
        - o What is the meaning of caring for the person/families/myself?
        - o How do I express my caring consciousness and commitment to my patients/clients? To colleagues? To the institution? To the community and larger world?
        - o How do I define self, nurse, person, environment, health/healing, and nursing?
        - o How do I make a difference in people's life and suffering?
        - o How do I increase the quality of people's healing and dying process?
        - o How can I be informed by the clinical caritas processes in my practice?
        - o How can I be inspired by Watson's caring theory in my practice?

❖ Understanding the patient/client/family as a person: Inviting story (Tell me about yourself, your life experiences, your feelings, your bodily sensations, your goals and expectations, your culture, etc., so I may honor you and your healing pathway.)

❖ Understanding the patient/client's health needs:
   o Tell me about your health? What is it like to be in your situation?
   o Tell me how you perceive yourself? What are your health priorities?
   o How do you envision your life?
   o What is the meaning of healing for you?

- **Caring is inclusive, circular, and expansive**: Caring for self, caring for each other, caring for patients/clients/families, caring for the environment/nature and the universe.

- **Caring changes self, others, and the culture of groups/environments**.

- **Watson's 10 Carative Factors redefined as Caritas Processes**: Guidelines for putting Love/Heart-Centered Caring practice into action:

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials,' which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one-being-cared for; "allowing and being open to miracles."

Evolution of Jean Watson's Carative Factors/Caritas Processes Over Time

	Carative Factors (1979, 1985)	Caritas Processes (2002-2008) (Some agencies/individuals refer to the Caritas Processes as "Caring Practices.")	Caritas Literacy (Competencies) (from draft of working document subgroup of International Caritas Consortium, © June 2007, Jean Watson, et al.; modified by Jean Watson, Jan. 30, 2008) from Watson, J. (2008). *Nursing: The Philosophy and Science of Caring* (rev. ed.), Boulder: University Press of Colorado (pp.281-288). **Caritas Consciousness**
1	Formation of humanistic-altruistic system of values	Practicing loving-kindness and equanimity within context of caring consciousness. **Wording of other systems using Watson's theory:** Embrace altruistic values and practice loving kindness with self and others. Practice acts of kindness. (Hebrew Rehabilitation Center[HRC])	**My respect for this patient (others) allows me to be available to him/her**: ❖ Opens to connectedness w/ self, others, environment, universe; ❖ Models self-care and caring for others. ❖ Validates uniqueness of self and others. ❖ Acknowledges acts of kindness. ❖ Honors own and others' gifts and talents. ❖ Recognizes vulnerabilities in self and others. ❖ Treats self and others with loving kindness. ❖ Listens respectively with genuine concern to others. ❖ Accepts self and others as they are. ❖ Demonstrates respect for self and others. ❖ Listens to others. ❖ Treats others with kindness. ❖ Pays attention to others. ❖ Respects others. ❖ Honors human dignity of self and others.
2	Instillation of faith-hope	Being authentically present and enabling and sustaining the deep belief system of self and one being cared for. **Wording of other systems using Watson's theory:** Instill faith and hope and honor others Instill trust and hope by being available to meet the needs of others. (HRC)	**By listening, I was able to honor this patient's (other's) belief system and enable him/her to feel his/her own sense of faith/hope.** ❖ Creates opportunity for silence/reflection/pause. ❖ Promotes intentional human connection with others. ❖ Views life as a mystery to be explored rather than a problem to be solved. ❖ Able to release control to a higher power. ❖ Interacts with caring arts and sciences to promote healing and wholeness. ❖ Incorporates other's values, beliefs, and what is meaningful and important to them into care plan. ❖ Utilizes appropriate eye contact and touch. ❖ Calls others by their preferred name. ❖ Helps others to believe in themselves. ❖ Learns about and supports others' beliefs. ❖ Supports others' sense of hope. ❖ Encourages others in their ability to go on with life. ❖ Views person as human being and not object.

| 3 | Cultivation of sensitivity to oneself and others | Cultivating one's own spiritual practices and transpersonal self, going beyond ego self (working from a more full consciousness of heart-centeredness—opening to all chakras)

Wording of other systems using Watson's theory:
Be sensitive to self and others by nurturing individual beliefs, personal growth, and practices.

Nurture individual spiritual beliefs and religious practices. (HRC) | **By being more responsive to the patient's(other's) needs and feelings, I was able to create a more trusting-helping-caring relationship.**

❖ Practices self-reflection (journaling, prayer, meditation, artistic expression); demonstrates willingness to explore one's feelings, beliefs and values for self-growth.
❖ Practices discernment in evaluating circumstances and situations vs. being judgmental.
❖ Develops meaningful rituals for practicing gratitude, forgiveness, surrender, and compassion.
❖ Accepts self and others on a basic spiritual level as unique and worthy of our respect and caring.
❖ Transforms "tasks" into healing interactions.
❖ Demonstrates ability to forgive self and others.
❖ Demonstrates genuine interest in others.
❖ Values the intrinsic goodness of one's self and others as human beings.
❖ Practices from heart-center |
| 4 | Development of a helping-trusting (human caring) relationship | Developing and sustaining a helping-trusting authentic caring relationships.

Wording of other systems using Watson's theory:
Develop helping-trusting caring relationships.

Develop helpful and trusting relationships with residents/ patients, families, and staff. (HRC) | **I develop helping-trusting caring relationships with patients (others), families, and members of the health care team.**

❖ Enters into the experience to explore the possibilities in the moment and in the relationship.
❖ Holds others with unconditional love and regard.
❖ Seeks to work from the other's subjective frame of reference.
❖ Holds a sacred space of healing for others in their time of need.
❖ Practices non-judgmental attitudes.
❖ Responds to others with congruence to others' lived experience.
❖ Practices authentic presence:
  o Brings full honest, genuine self to relationship.
  o Demonstrates sensitivity and openness to others.
  o Engages in I-Thou relationships vs. I-It relationships.
❖ Demonstrates awareness of own and other's style of communications (verbal and nonverbal).
❖ Seeks clarification as needed.
❖ Promotes direct, constructive, respectful communication:
  o Engages in communication that promotes healthy living; does not engage in gossip.
  o Engages in effective, loving communication; does not engage in rumors.
  o Engages in proactive problem-solving; does not engage in chronic/excessive complaining.
  o Encourages activities that maximize independence and individual freedom, not dependence.
  o Engages in activities that promote healthy growth.
  o Engages in activities that promote safe ethical, mature, |

			healthy growth experiences; does not engage in unethical, illegal, safety-risk or seductive behavior. ❖ Allows others to choose best time to talk about their concern(s).
5	Promotion and acceptance of the expression of positive and negative feelings	Being present to, and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared for **Wording of other systems using Watson's theory:** Promote and accept positive and negative feelings; authentically listen to another's story. Promote and accept the expression of positive and negative feelings. (HRC)	**I co-create caring relationships in caring environments to promote spiritual growth.** ❖ Creates/holds sacred space (safe place for unfolding and emerging.) ❖ Acknowledges healing as an inner journey. ❖ Allows for uncertainty and the unknown. ❖ Encourages narrative/storytelling as a way to express understanding. ❖ Allows for story to emerge, change, and grow. ❖ Encourages reflection of feelings and experiences. ❖ Offers blessings, prayer, and spiritual expression as appropriate. ❖ Helps others see some good aspects of their situation. ❖ Actively listens and lets the energy flow through one's self without being consumed by other's feelings. ❖ Accepts and helps others deal with their negative feelings.
6	Systematic use of the scientific problem-solving method of decision-making Refined in 1985: Systematic use of creative problem-solving caring process	Creatively using self and all ways of knowing as part of the caring processes; engaging in artistry of caring-healing practices. **Wording of other systems using Watson's theory:** Use creative scientific problem-solving methods for caring decision-making. Use creative problem-solving to meet the needs of others. (HRC)	**I exercise other-centered problem solving and scholarship in caring for this patient (other).** ❖ Integrates aesthetics, ethical, empirical, personal, and metaphysical ways of knowing with creative, imaginative, and critical thinking for full expression of caring arts and sciences. ❖ Acknowledges and integrates an awareness that the presence of oneself is an effective element of the plan of care for others. ❖ Uses self to create healing environments via: intentional touch; voice, authentic presence; movement; artistic expression; journaling; play-laughter-gaiety; spontaneity; music/sound; preparation; breathing; relaxation/imagery/ visualization; intentionality; appropriate eye contact; smiling/positive gestures; active listening; nature/light/sound/noise protection; etc.….. ❖ Encourages others to ask questions. ❖ Helps others explore alternative ways, to find new meaning in their situations/life journeys in dealing with their health/self-health approaches.
7	Promotion of interpersonal teaching-	Engaging in genuine teaching-learning experiences that attend to unity of being and meaning,	**The co-created caring relationship promotes knowledge, growth, empowerment and healing processes and possibilities for patients (others) and for self.**

	learning. Refined in 1985: Promoting transpersonal teaching-learning	attempting to stay within another's frame of reference. **Wording of other systems using Watson's theory:** Share teaching and learning that addresses the individual needs, readiness, and learning styles. Perform teaching and learning that addresses individual needs and learning styles. (HRC)	❖ Actively listens with one's whole being to others telling their life experiences. ❖ Speaks calmly, quietly, and respectively to others, giving them full attention at the moment. ❖ Seeks first to learn from others, understand their worldview; then shares, coaches, and provides information, tools, and options to meet others' needs (works from others' frame of reference). ❖ Participates in collegial/collaborative co-creation. ❖ Accepts others as they are and where they are with their understanding, knowledge, readiness to learn. ❖ Helps others understand how they are thinking about their illness/health. ❖ Asks others what they know about their illness/health. ❖ Helps others formulate and give voice to questions and concerns to ask health care professionals.

8	Provision for a supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment.	Creating healing environment at all levels (physical, non-physical, subtle environment of energy and consciousness), whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
		
		Wording of other systems using Watson's theory:
		Create healing environment for the physical and spiritual self which respects human dignity.
		
		Create a healing environment for physical and spiritual needs. (HRC)
			By promoting the caring relationship I created space for this patient (other) to generate his/her own wholeness and healing.
			
			❖ Creates space for human connections to naturally occur.
			❖ Participates in caring-healing consciousness.
			❖ Creates caring intentions.
			❖ Creates a healing environment attending to:
			  • Nurse as environment
			  • Other as unique person
			  • Light
			  • Art
			  • Water
			  • Noise
			  • Cleanliness
			  • Privacy
			  • Nutrition
			  • Beauty
			  • Safety
			  • Hand washing
			  • Comfort measures
			  • Others' times frames
			❖ Others' routines and rituals
			❖ Is available to others.
			❖ Pays attention to others when they are talking.
			❖ Anticipates others' needs

9	Assistance with gratification of human needs.	Reverently and respectfully assisting with basic needs, with an intentional caring consciousness, administering "human care essentials," which	**I was able to help meet the needs this patient (other) identified for him/herself.** ❖ Views others as integrated whole. ❖ Respects others' unique individual needs.

		potentiate alignment of mind-body-spirit, wholeness and unity of being in all aspects of care; (allowing for spirit-filled connection). **Wording of other systems using Watson's theory:** Assist with basic physical, emotional, and spiritual human needs. Assist with basic physical and emotional needs. (HRC)	❖ Makes others as comfortable as possible. ❖ Helps others feel less worried. ❖ Is responsive to others' family, significant others, loved ones. ❖ Respects others' need for privacy. ❖ Respects others' perceptions of the world and their unique needs. ❖ Involves family/significant others. ❖ Treats others' body carefully as mystery of participating in life force of another. ❖ Helps others with special needs for relaxation, restoration, and sleep. ❖ Talks openly to family.
10	Allowance for existential-phenomenological forces Refined in 1985: Allowance for existential-phenomenological-spiritual forces	Opening and attending to spiritual-mysterious, and unknown existential dimensions of one's own life-death-suffering; soul care for self and the one-being-cared for; "allowing for a miracle" **Wording of other systems using Watson's theory:** Open to mystery and allow miracles to happen. Slow down and allow space for unexpected wonder. (HRC) Be open to discovery of possibilities and miraculous life-death events.	**I allow for miracles to take place with self and others.** ❖ Allows for the unknown to unfold. ❖ Participates in paradox of life. ❖ Surrenders control and anticipates miracles. ❖ Nurtures/ supports hope. ❖ Shares and participates in human caring moments as appropriate. ❖ Acknowledges one's own and others' inner feelings. ❖ Knows what is important to self and others. ❖ Shows respect for those things that have meaning to others. ❖ Believes that fundamental love and good abounds in all situations where life exists. ❖ Accepts that some life happenings are inexplicable.

Cara, C. (2003). *A Pragmatic View of Jean Watson's Caring Theory*, www.humancaring.org (under "continuing education")

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